Official copies of these procedures are maintained at this website.

Before using a printed copy, verify that it is the most current version by checking the document issue date on this website. Signed copies of these official procedures are maintained at the Training Office.

C-A OPERATIONS PROCEDURES MANUAL

ATTACHMENT

8.31.e Draining and Filling Systems Checklist

	C-A OPM Procedures in which this Attachment is used.				
		8.31			
		Hand Pro	ocessed Changes		
	HPC No.	<u>Date</u>	Page Nos.	<u>Initials</u>	
			<u>Signature on File</u> Accelerator Department	Chairman	——Date
L. Vo	ogt				

Checklist for Draining and Filling Systems

Job WCS #:					
	(If the step does not apply, write NA in "Check" column)	Check			
1.	Refer to RWP# for radiological conditions and controls.	CHCCK			
2.	Lockout-Tagout (LOTO)				
3.	Isolation valves closed (i.e., make-up)				
4.	Floor drains within 15ft are plugged				
5.	Connect hose between system low-point and tanker including pump and filter				
6.	Place drip-pans below all joints				
7.	START DRAINING				
<u>Caution:</u> Under NO circumstances shall draining/filling be performed un attended!					
8.	Vent high point(s)				
9.	Use pump as required				
10.	Check level in tanker frequently				
11.	Stop draining and switch compartments as required				
12.	TRANSFER to WM (Waste Management)				
13.	Connect hoses between C-A tanker and WM tanker including pump, deionizer and filter				
14.	Place drip-pans below joints				

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Checklist for Draining and Filling Systems (continued)

		Check			
15.	Begin transfer with flow rate approx. 25 gal/min and discharge pressure less than 100 psig				
16.	Coordinate transfer with WM				
17.	TRANSFER TO SYSTEM				
18.	Connect hoses between tanker and system including pump and filter (but NOT deionizer)				
19.	Place drip-pans below joints				
20.	Transfer to system until water appears at vents				
21.	Isolate system from tanker				
22.	Open appropriate valves from system operation				
23.	Remove LOTO and briefly circulate water in system				
24.	Repeat Steps 20-23				
	Note: If the sequence of this checklist must be altered when performed, Note and Initial the change.				
1					
	Signature: Date:				